important a matter not to be made a very prominent consideration in the choice of diet,—especially for children.

Practical hints on the principles of wholesome cookery, and directions for the choice of meats, are here not at all out of place, and may do much good. Under the heading, the "Manner of Eating," the principles upon which deliberate eating is adjudged favourable to health are clearly stated. And another caution is well worth heeding—the amount of nutriment should be proportioned to the work or active exercise. As a rule, he says, the prosperous classes eat too much. We believe this to be especially true in this country.

Upon the alcohol question, Dr. McSherry holds common-sense views. Alcohol is a food (in certain diseased conditions, at least), a stimulant, or a narcotic, according as circumstances and doses vary. Without inquiring very closely whether alcohol is ever actually needed or beneficial to the healthy man, he believes that very moderate potations of light wines or beers may be safely taken with meals, and after labour. His limit is so much of these as shall contain, at most, two ounces of alcohol in 24 hours.

The effects of tobacco are considered in the same moderate temper. For lads and young students especially, he deems any indulgence extremely harmful, and cites, in confirmation, a report on the subject by a committee of three naval surgeons appointed to ascertain the facts as witnessed in the Naval Academy. Very many adults may safely smoke in moderation.

Having now glanced at the contents of Prof. McSherry's book, we have a few words to say as to the manner in which its subjects are presented. There is little or no pretence of bringing forward any new light. The best ascertained principles of hygiene are set forth, very frequently, in frank quotations from eminent sanitarians, such as Richardson, Bowditch, Hufeland, and a score of others. The work might almost be termed a compilation. We do not by any means complain of this as a fault. There are, however, one or two points open to criticism; such extremely free use of Latin and French quotations, poetical and proverbial, as we find here, is surely a little objectionable in a book for popular use. A somewhat too obvious striving to be humorous, occasionally gives an appearance of flippancy to the discussion of important matters. True, it may be pleaded that some readers may be attracted by a light and airy manner. On the whole this little book seems to us very well adapted to its purpose, and will, we hope, have a wide circulation, when it cannot fail to do much good.

B. L. R.

ART. XXVI.—*On Deafness, Giddiness, and Noises in the Head.* By EDWARD WOAKES, M.D. Lond., Surgeon to the Ear Department of, and to, the Hospital for Diseases of the Throat and Chest. 8vo. pp. 143. London: H. K. Lewis, 1879.

THIS small work contains a large number of practical hints as to the physiological origin of the symptoms alluded to in the title. It is, therefore, a valuable guide in making a diagnosis in some of the most annoying cases the aurist meets, or his patients endure. It may be said that this book has as its chief object the explanation of numerous aural diseases by means of the reflex irritation conveyed to the organ of hearing from various irritated and relatively remote regions. Thus, ear complications in dentition, resulting often in fatal convulsions, are shown to be due to the irritation conveyed from the inflamed gums, through the inferior dental nerve, to the otic ganglion and thence to the nervi vasorum of the carotid plexus.

Since the latter nerves possess inhibitory power over the internal carotid artery, which sends a branch to the drum head (tympanal branch), the parts of the ear thus supplied by the carotid become gorged with blood when this inhibitory power is taken off. The effect in such a case is to "excite waves of vessel-dilatation in the correlated area." The vessels of the drum become distended; acute congestion is thus established with its attendant stretching of the sensitive and tense tissue in which it occurs, and so occasions the pain experienced by the subject of these conditions. If the irritation be sufficiently prolonged, effusion into the tissues ensues, which, under favourable circumstances, will pass on to suppuration and constitute a veritable otorrhœa. But before suppuration is fully established here, there is great danger of an extension of inflammation to the membranes of the brain. This the author shows to be due to certain structural arrangements at the petro-squamosal fissure. At this fissure, in the infant, the dura mater dips down into the tympanic cavity, becoming continuous with its muco-periosteal lining. This process of dura mater is richly endowed with vessels from the middle meningeal artery, which also supply the drum cavity. It becomes manifest, therefore, that congestion and inflammation of the drum cavity may be directly and rapidly conveyed to the meninges of the brain in infants. Towards adult life this fissure becomes more or less obliterated, though the vascular arterial connection exists. The author very justly states the obvious conclusion that "when brain symptoms develop themselves in an infant, it is to the *ear* that attention should be primarily directed."

In the treatment of such a case of ear disease from dentition, a comfortable posture should be secured for the infant. "This is best done by placing it on a large pillow across the knees of the nurse, who must be enjoined not to rock it, as every movement will aggravate the patient's suffering. The head may be raised somewhat by a small horse-hair cushion placed under it. The room should not be very light; it should be free from noise, and the temperature cool. The affected ear, which will usually correspond with that side on which the gums are most swollen, should be uppermost. It should be fed with a spoon, as the act of sucking increases the pain. Attention to these details will add greatly to the ease of the sufferer, and in proportion promote recovery." Of course the gums must be lanced, since by this operation, the waves of irritation proceeding from the gums to the ear are stopped, and the dilatation of the vessels subsides, if no trophic changes have occurred. This short sketch of the morbid processes in dentition will serve to show what the author means by reflex irritation.

Among important symptoms in an infant suffering from aural disease, is rolling of the head from side to side. This the author considers the counterpart of vertigo in later life, as in Ménière's disease, and would of course indicate that the disease had invaded the labyrinth, and, as the author believes, the semicircular canals. In older children affected with grave lesion of the internal ear, sobbing is set down as a symptom; and it is also said to occur as a constant symptom in adults affected with recognized labyrinthine disease.

In the chapter on ear diseases arising in the exanthemata in childhood, the author alludes to the necessity and importance of puncturing the drum-head. He shows, we think, that many deaths among children suffering from these diseases, and which are attributed to the "oppression of the sensorium due to the intensity of the blood-poison," are really due to lesions in the middle ear, and the extension of the morbid processes to the meninges of the brain, or to pyæmia, embolism, and thrombosis arising in the ear. The author bases his statements on an experience extending over four or five epidemics of scarlet fever, and the usual amount of measles, smallpox, etc.; and he shows that, from the commencement of an exanthem, the drum-head should be kept under observation, "just indeed as the conjunctiva would be under similar circumstances." In many cases the application of a leech near the ear "will prevent future trouble;" in fact, may obviate the necessity for puncturing the drum-membrane.

We agree with the author in all he claims for the necessity and benefits of this operation, but we do not think well of the use of "his duck-bill-shaped instrument," which he introduces into the meatus and fastens there, to enable him to puncture the membrane. Such an instrument should not be introduced into an infant's ear, even if there seemed to be any need of it; and we may say there is no need for such an instrument in any case of paracentesis of the drum-head. It is a cumbersome instrument, and is in fact nothing more than Charrière's aural speculum, with everted lips at the smaller end. The latter feature is especially bad, since the sides of the instrument are more liable to press into the tender walls of the auditory canal, and give great pain when the speculum is opened.

The author stands alone among those considered as authorities, in his preference for the inferior quadrant in front of the malleus handle, for the position of the incision; and he is again open to criticism in the kind of knife he advises with which to puncture the membrane. Simplicity in all the instruments used about the ear is highly desirable, but this knife must be pushed by a thumb-spring, in order to use it. This would necessitate pressure against, as well as the cut into, the inflamed membrane. Furthermore, if the entire outside diameter of this instrument exceeds a millimetre, it cannot fail to darken the auditory canal when passed down it, and hence the operator would find it highly inconvenient. Some such experience may have led our author to devise his duck-bill-shaped instrument to widen the canal. But, as we have already said, this is out of the question, if the ear is to be manipulated without pain to the patient. After the perforation is made, however, by any means, we have never found it necessary to endeavour even to wash out the tympanic cavity and the mastoid cells with a solution of bicarbonate of soda, as recommended by Dr. Woakes, for two reasons: first, because with a free opening in the membrana tympani, matter will escape fast enough not to take away too much pressure from the atonic vessels in the drum; and secondly, regarding the mastoid cells in infancy, it may be said that they are so small or so meagrely developed as not to demand the attention they require in adult life.

We regret that in a book, where there is so much of value in the etiology of disease, there is so much to criticize unfavourably in the treatment of aural diseases generally. But this we suspect is due to unfamiliarity with aural works, the author having advanced to his aural studies through a predilection for the investigation of nervous phenomena generally. Were this not so, he would not claim, at least by implication, the invention of his "duck-bill-shaped instrument," nor of his "pneumatic retractor," both of which are well known to aurists as at least very old in principle and application. And at least one of the author's theories is open to the same criticism; we mean his views regarding the objective nature of tinnitus, in opposition to the usually received idea that tinnitus is a subjective state. It is doubtless due to morbid vibrations in the bloodvessels, *i. e.*, true sound-vibrations in the ear, as very graphically shown by Dr. Theobald, of Baltimore, in 1875.

The third chapter, "on Ear-Cough, and Laryngeal Complications dependent on Ear Disease," is one of great interest, and contains a successful explanation of the above-named phenomena. Ear-cough is shown to be due to "irritation of the sensitive fibres of the auriculo-pneumogastricus distributed in the meatus, which is reflected along the motor fibres of the superior laryngeal nerve, exciting in the larynx the act of coughing, by causing contraction of the crico-thyroid muscles," etc. If this irritation is kept up, functional derangement may become structural lesion, by involvement of the vaso-motor fibres associated with the auricular branch of the pneumogastric nerve. They conduct the irritation to the pneumogastric ganglion, and from this subcentre it is deflected to the first cervical ganglion. This latter furnishes the nervi molles to the external carotid artery and its branches, and, therefore, to the vessels of the mucous membrane of the larynx. By impressions conveyed over this nervous tract, congestion of the vessels of the larynx ensues, and effusion or hypersecretion in this organ takes place.

In the fourth chapter, Giddiness, and the connection between Stomachic and Labyrinthine Vertigo, is explained. Our author has already rendered our readers familiar with his views on these subjects through an article which he published in the number of this Journal for April, 1878, and of which this chapter is a reprint.

The fifth chapter is devoted to a consideration of the Etiology, Diagnosis, and Treatment of Noises in the Head, *i. e.*, of tinnitus aurium. Here the vertebral artery, and its connection with the lower cervical ganglion, are adduced very successfully to explain the tinnitus due to morbid circulation in the labyrinth. Pulsating noises are explained as the result of a dilatation of the internal auditory artery. Whenever the pulsation is undefined, or associated with buzzing and singing in the head, the author treats the case with hydrobromic acid, since Dr. Fothergill has suggested that this drug antagonizes the symptoms of cinchonism, which the aural disease in question resembles. The dose employed has been 15 minims in water every four hours.

The author then alludes to tinnitus which occurs in anæmia, aneurism of the aorta, intercranial aneurism, by which is meant, we suppose, *intra*-cranial aneurism, and in an overloaded condition of the portal circulation. *Inter*-labyrinthine is used for *intra*-labyrinthine on p. 89, and on p. 85 the tensor tympani is spoken of as the "extensor muscle;" but doubtless these will be corrected in a future edition. The treatment recommended for the nares, as well as that proposed for the Eustachian tube (p. 102 and p. 117), we cannot regard with favour, as it seems hazardous.

We agree with the author in his opinion that nitrite of amyl is not as potent to quell tinnitus aurium as has been claimed. The book before us must be considered a great and decided addition to the etiology of some of the most obscure aural symptoms, but we regret that, on the other hand, the surgical treatment is, as a rule, one that we must dissent from, as being liable to irritate rather than soothe an organ, which the author presupposes to be in a condition of reflex-irritation. As a guide in the diagnosis of some forms of aural disease, however, we regard the work as indispensable. C. H. B.

ART. XXVII.—*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. VON ZIEMSSEN, Professor of Clinical Medicine, Munich, Bavaria. ALBERT H. BUCK, M.D., of New York, Editor of American Edition.
Vol. XIII. Diseases of the Spinal Cord and Medulla Oblongata. By Prof. WILHELM HEINRICH ERB, of Heidelberg, Baden. 8vo. pp. xii., 975.
Vol. XVII. General Anomalies of Nutrition and Poisons. By Prof. H. IMMERMANN, of Basel; Prof. R. BOEHM, of Dorpat; Prof. B. NAUNYN, of Koenigsberg; and Prof. H. VON BOECK, of Munich. 8vo. pp. xiv., 968, etc. etc. New York: William Wood & Co., 1878.

PROF. ERB, the sole author of Volume XIII., does not need a formal introduction to our readers, as a brief sketch of his life and work appeared in the